



Borough of Kendal.

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1946

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KENDAL

TITUS WILSON AND SON LTD., PRINTERS

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*To the Mayor, Aldermen and Councillors of the Borough of Kendal.*

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report upon the Health of the Borough during the year 1946.

The credit for almost the whole of the services provided must rest with my predecessor in office, Dr. W. Baron Cockill, who relinquished his appointment on 31st October, 1946, after 32 years in your service.

I wish to acknowledge with gratitude the help and assistance given to me by Dr. Cockill in the taking over of his post, and also the friendly co-operation of my colleague Dr. Guy, the County Medical Officer of Health.

The Chief Sanitary Inspector and his staff have carried out their duties in a particularly efficient manner, and their fund of local knowledge has been most helpful to me.

I am grateful to the local members of the Medical Profession for their warm welcome to me, and am sure that harmonious understanding will continue between our spheres of interest.

We have now to look ahead to a period of reorganisation of the country's medical services, and overcome the inevitable difficulties which will arise.

If you desire any further particulars I shall be glad to furnish them.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.

## STAFF.

NAME.	QUALIFICATIONS.	Office.	Whole or Part Time.	Other Offices.
W. B. Cockill	M.D., Ch.B., L.R.C.P., M.R.C.S., L.S.A., D.P.H.	Medical Officer of Health (until 31.10.46)	Part	M.O.H. Combined County Districts of Westmorland
F. T. Madge	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health (after 1.11.46)	Part	ditto
W. B. G. Rigg	M.R. San. I.	Chief Sanitary Inspector	Whole	—
J. Buckley	Cert. S.I.B.	Additional San. Inspector	Whole	—
J. H. Major	M.R. San. I.	Assistant San. Inspector	Whole	—
H. M. Brady	S.R.N., C.M.B., F.N.A.	Matron, Isolation Hospital	Whole	—
E. Metcalfe	S.R.N. Health Visitor. R. San. I. New Health Cert.	Health Visitor	Whole	—
J. Wright	L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.	Ophthalmic Surgeon	Part	Assistant County M.O.H.
J. Irvine	L.D.S.	Dental Surgeon	Part	County School Dentist
D. Williams	S.R.N.	Orthopaedic Nurse	Part	County Orthopaedic Nurse
J. W. Tonge	B.Sc., A.M.Inst.C.E.	Surveyor and Engineer	Whole	—
T. Crowdy	M.I.Mech.E., F.C.S., F.R.Met.Soc., F.F.Sc. (London)	Water Engineer	Part	Gas Engineer
W. H. Roberts	M.Sc., F.R.I.C.	Public Analyst (until 31.7.46)	Part	
C. J. H. Stock	B.Sc., F.R.I.C.	Public Analyst (from 1.8.46)	Part	County Analyst for Westmorland



## **STAFF CHANGES.**

### **Medical Officer of Health.**

On 31st October, 1946, William Baron Cockill, M.D., Ch.B., L.R.C.P., M.R.C.S., L.S.A., D.P.H., retired from the Appointment of Medical Officer of Health to the Combined County Districts of Westmorland.

On 1st November, 1946, Frank Tyrer Madge, M.D., Ch.B., L.R.C.P., M.R.C.S., D.P.H., succeeded to the Appointment on release from the Royal Air Force.

### **Public Analyst.**

On 31st July, 1946, Professor W. H. Roberts, M.Sc., F.R.I.C., City Analyst of Liverpool, retired from the Appointment of Public Analyst to Kendal Borough.

On 1st August, 1946, C. J. H. Stock, B.Sc., F.R.I.C., County Analyst at Darlington, was appointed Public Analyst to the Borough of Kendal.

### **Sanitary Inspector.**

During the year the appointment of Temporary Additional Sanitary Inspector, held by Mr. J. Buckley, was made permanent.

## VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1945 for comparison:—

Area of Kendal Borough in acres ... .. 3,691

	1945	1946
Estimated civilian population (mid-year) ..	17,710	18,300
Live Births. Legitimate— males .. ..	106	162
females .. ..	109	136
Illegitimate— males .. ..	16	12
females .. ..	16	12
Total .. ..	247	322
Rate per 1,000 population ..	13.9	17.6
Rate for England and Wales ..	16.1	19.1
Stillbirths. Legitimate— males .. ..	4	5
females .. ..	3	7
Illegitimate— males .. ..	—	2
females .. ..	—	—
Total .. ..	7	14
Rate per 1,000 total live and still births .. ..	19.7	41.7
Rate per 1,000 population ..	0.39	0.36
„ for England and Wales ..	0.46	0.53
Deaths. Males .. ..	108	94
Females .. ..	112	106
Total .. ..	220	200
Rate per 1,000 population .. ..	12.4	10.9
Rate, England and Wales .. ..	11.4	11.5
Infantile Deaths (under 1 year)		
Legitimate .. ..	8	9
Rate per 1,000 legitimate live births	37	30.2
Illegitimate .. ..	1	0
Rate per 1,000 illegitimate live births	31	0
Total Deaths under 1 year .. ..	9	9
Rate per 1,000 live births .. ..	36	28
Rate for England and Wales .. ..	46	43



	1945	1946
Neonatal Deaths. (under 1 month)		
Total neonatal deaths .. .. .	7	4
Rate per 1,000 live births .. .. .	28	12.4
Deaths from Diarrhoea and Enteritis (under 2 years)		
Deaths .. .. .	1	2
Rate per 1,000 live births .. .. .	4.05	6.2
Rate for England and Wales .. .. .	5.6	4.4
Maternal Mortality		
Deaths from Puerperal Sepsis .. .. .	1	0
Rate per 1,000 live and still births .. .. .	3.9	0
Deaths from other Puerperal Causes .. .. .	2	1
Rate per 1,000 live and still births .. .. .	7.9	3
Total deaths from Puerperal Causes .. .. .	3	1
Rate per 1,000 live and still births .. .. .	11.8	3
Rate for England and Wales .. .. .	1.79	1.43

Deaths from certain causes (all ages):—

Cancer	...	...	...	...	...	...	...	...	34
Measles	...	...	...	...	...	...	...	...	Nil
Whooping Cough	...	...	...	...	...	...	...	...	Nil

The main causes of deaths were:—

1 Heart Disease	...	...	...	...	...	...	...	48
2 Intra-cranial vascular lesions	...	...	...	...	...	...	...	34
3 Cancer	...	...	...	...	...	...	...	34

## GENERAL PROVISION OF THE HEALTH SERVICES.

### Laboratory Facilities.

An Emergency Medical Services Laboratory was opened at the end of 1946 in premises adjoining the Westmorland County Hospital, Kendal.

This Laboratory will serve the needs of the Borough and will be more convenient than the previous arrangements at Carlisle.

The medical practitioners of the area have been notified of these facilities by this Department at the request of the Pathologist, and

further work is being diverted to the Laboratory in connection with public health investigations.

### **Ambulance Service.**

Both infectious and non-infectious cases were moved in the Municipal Motor Ambulances.

Considerable re-organisation will take place during 1947 as at the end of March of that year the Borough Police will cease to administer the ambulance service, and in 1948 the service will pass to the Local Health Authority, the County Council.

It is uncertain how the control of the ambulance service will be exercised between April, 1947 and April, 1948, as this function in the past has not been dealt with by the Health Department.

The arrangements for the provision of attendants on the ambulances for infectious diseases are not satisfactory, and when new staff are appointed in 1947 it is recommended that they should be required to escort all types of cases.

### **Maternity and Child Welfare.**

This has been a popular and well-patronised service and it is expanding vigorously each year. The credit for this belongs to my predecessor, Dr. Cockill, who has laid down a very sound foundation upon which I, and later the Local Health Authority, will be able to build up the structure of the new comprehensive Health Service.

To mark the pioneer work of Dr. Cockill in this field he was appointed by Kendal Corporation shortly after the year end to be Honorary Consultant for Maternity and Child Welfare. This appointment is particularly appropriate and I shall welcome his continued help and advice in the future.

The following statistics illustrate some aspects of the services which have been provided during 1946:—

Service	Clinics held	Persons attending	Total Attendances
Antenatal }	47	55	292
Postnatal }		31	31
Birth Control .. ..	3	3	6
Infant Welfare }	49	106	854
Child „ }		159	548
Diphtheria Immunisations	13	134	262

Number of mothers admitted to Helme Chase or the Maternity Ward of Westmorland County Hospital, under the Maternity Scheme	...	...	...	...	...	...	39
--	-----	-----	-----	-----	-----	-----	----

#### Summary of Health Visitor's Work :—

First visits to infants	...	...	...	...	...	240
Subsequent visits to infants	...	...	...	...	...	751
Visits to children 1-5 years	...	...	...	...	...	847
First visits to expectant mothers	...	...	...	...	...	86
Subsequent visits to expectant mothers	...	...	...	...	...	211
Still birth enquiries	...	...	...	...	...	6
Infant death enquiries	...	...	...	...	...	7
Visits to Institutions	...	...	...	...	...	14

Nurse Metcalfe, the Health Visitor, has performed excellent service during the year, but she works at a considerable and uneconomical disadvantage without motor transport. If the delivery of her car can be expedited it is certain that the covering of her district will be more effective and more frequent. The expansion of the work will soon require additional assistance if proper efficiency is to be maintained and the service is to progress.

#### ANALYSIS OF CAUSES OF DEATH IN INFANTS.

Prematurity	Pneumonia	Gastro-Enteritis	Tubercular Meningitis	Other Causes	Total
4	2	1	1	1	9

## AGE INCIDENCE OF INFANTILE MORTALITY.

Under 1 week	2 weeks	3 weeks	4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
4	—	—	—	4	3	2	—	—	9

**Premature Babies.**

All these were under  $5\frac{1}{2}$  lbs. weight at birth and so required special care. Of these, which numbered 14, two died within 24 hours, one within 14 days, and 11 survived for one month.

Residence as follows:—

				<i>Within 1 day.</i>	<i>Within 14 days.</i>	<i>Survived 1 month.</i>
Own home	...	...	...	1	1	1
Hospital	...	...	...	1	—	4
Nursing Home	...	...	...	—	—	6
				2	1	11

**Illegitimate Children.**

The Health Visitor keeps in touch with all illegitimate children residing in the area, but these are small in number. The provision of foster parents remains a difficulty.

**Orthopaedic Nurse's Work.**

Visits to children under 5 years	...	...	...	...	138
Children attending Orthopaedic Clinic	...	...	...	...	54
Admissions to Ethel Hedley Hospital	...	...	...	...	4

Nurse Williams, the Orthopaedic Health Visitor, continued to provide part-time service from the Westmorland County Council, as well as covering certain services in connection with Tuberculosis.



### Dental Services.

Mothers treated ...	...	...	...	...	...	...	16
Children „ ...	...	...	...	...	...	...	11
Visits of the above	...	...	...	...	...	...	65
Extractions ...	...	...	...	...	...	...	55
General Anæsthetics	...	...	...	...	...	...	7
Local „	...	...	...	...	...	...	5
Fillings ...	...	...	...	...	...	...	28
Scalings ...	...	...	...	...	...	...	3
Other operations ...	...	...	...	...	...	...	38
Dentures provided	...	...	...	...	...	...	12
Total sessions for work ...	...	...	...	...	...	...	22

Mr. Irvine, Senior Dental Officer, Westmorland County Council, has again given most valuable treatment to expectant and nursing mothers and to pre-school children.

### Maternity Helps.

One full-time and one casual Maternity Helps have been employed, and the number of cases attended has been 10.

### Domestic Helps.

Three part-time helps were on the staff at the beginning of the year, but left at various dates between April and August. One full-time help was engaged on April 25th and a new part-time help on August 19th. These two are still on the staff and have given excellent service.

The number of persons assisted was 24, of whom four were old age pensioners and six were chronically disabled. Two of the pensioners and two of the chronic cases were helped throughout the entire year.

### Plans for the future of the Maternity and Child Welfare Service.

Under the National Health Service Act, 1946, most of the functions of Maternity and Child Welfare now performed by the Borough will pass to the Local Health Authority. In the meantime it is essential that developments and improvements should proceed, and that the public should be offered the best possible service irrespective of the changes in administrative control.



I therefore propose to continue a progressive policy within my Department in order that when the service is eventually transferred the Local Health Authority will inherit a well-founded and up to date scheme, and that the citizens of this Borough will have the continuance of these benefits.

Each aspect of Maternity and Child Welfare work has been carefully reviewed and I have drawn up plans for the future. Some changes have been made already and the remainder will have to be introduced gradually as circumstances permit. The general outlines of these plans are set out below.

### **Ante-Natal Clinics.**

An appointment system was introduced in November, 1946, and appears to be much appreciated by the patients, as it minimises waiting about in the clinic. It serves also as a check upon the regularity of attendances and absentees can be quickly visited to ascertain if any abnormality has occurred.

A system of written case records has been instituted, and these notes on the progress of each woman during her pregnancy are made available for the guidance of the doctor or midwife delivering the baby.

Further developments in the future will include the following provisions:—

- (a) Routine blood tests to safeguard the health of the mother and the child against risks which cannot be otherwise detected.
- (b) The sale of vitamin preparations and certain other materials which are normally supplied in ante-natal clinics elsewhere.
- (c) Provision of suitable pamphlets and other literature to cover general and special topics, the hospital arrangements and the scope of local social services.
- (d) A scheme for the easier reference of abnormal cases to their own practitioners and possibly a Consultant Obstetrician's opinion should be available.
- (e) A review of the home conditions particularly when the confinement is expected there, this will be done in close co-operation with the County Council's midwifery service.

### **Post-Natal Clinics.**

These can be combined with the Infant Welfare Clinic, as most mothers find it difficult to leave a young baby for a separate visit, but shortage of staff at the clinic renders this impossible in practice, and this service is not provided to the extent it could or should be. Consideration is being given to finding a more satisfactory solution of these difficulties.

### **Infant Welfare Clinics.**

An appointment system has already been introduced, and as it is operated in an elastic manner it has proved of benefit to both the patients and the staff.

The advantage to the patients are that waiting about in the clinic is minimised, that young babies who are fed at 2 p.m. can be given later appointments, and that each one can depend upon seeing the doctor on that day.

The advantages to the clinic staff are that an even allocation of patients can be made for each session, that absentees can be followed up, and that the grant of an appointment seems to encourage regularity of attendance of the patients.

A future development will be the provision of pamphlets and other literature, either free or for purchase, on subjects connected with infant welfare.

### **Child Welfare Clinics.**

These are conducted concurrently with the Infant Welfare Clinic. The supervision of children aged 1-5 years, who are not attending Nursery Schools, has for a long time been one of the regrettable gaps in the Public Health Service. The attendance of this group is erratic and incomplete, and vigorous propaganda is needed to remedy the position.

Unfortunately, the larger numbers of infants attending the clinic must be given priority for attention, and so the toddlers tend to receive inadequate supervision. Consideration is being given to the measures necessary for covering this defect.

The Infant and Child Welfare Clinic is held at present under considerable difficulties due to shortage of staff in the preparation rooms. One Health Visitor and one voluntary clerk are severely harassed by the numbers attending the clinic, and the remedy to this situation

lies both in having more voluntary help and possibly in duplicating the clinic.

There is no doubt that there are sufficient attendances to justify holding a second session each week, and then each case can receive the personal attention it deserves without the impatience which inevitably occurs when overcrowding exists. This is a question for future consideration.

### **Child Life Protection.**

Following the publication of the Curtis Report certain modifications have been introduced in this service, particularly with regard to the keeping of fuller records and periodical reports on each child who is maintained for reward.

No cases of third party adoption arrangements have been notified to this Authority, but the attention of the general public has been drawn, by posters and Press advertisements, to the legal duty of notifying those cases and also children received for reward.

### **Diphtheria Immunisation Clinics.**

The estimated percentage of children below the age of five years who have been immunised against Diphtheria is 63 per cent. Every effort is being made to raise the percentage of protected children and so to wipe out yet another of the diseases which are preventable.

In future this clinic will be available for school children and will be conducted in co-operation with the School Medical Officer.



INFECTIOUS DISEASES TABLE.

DISEASE.	Total.	Ages.											Admitted to Hospital.	Deaths.	
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-			65-
Scarlet Fever ..	15	—	—	—	—	12	2	1	—	—	—	—	—	14	—
Diphtheria ..	2	—	—	—	—	1	—	—	—	—	—	—	—	2	—
Cerebro-spinal Fever ..	2	1	—	1	—	—	—	—	—	—	—	—	—	2	—
Acute Poliomyelitis ..	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Erysipelas ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Puerperal Pyrexia ..	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Dysentery (Sonné) ..	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Malaria (contracted abroad)	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Measles ..	3	—	1	1	1	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	6	—	1	2	2	—	1	—	—	—	—	—	—	—	—
TOTAL ..	34	1	2	5	3	1	14	2	1	3	1	1	—	21	—

## **PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.**

Incidence of infectious disease in 1946 was very satisfactory and there were no deaths from these causes. The Table on page 15 sets out the statistics.

### **Scarlet Fever.**

The low figure reflects the aftermath of the epidemics of 1942, 1943 and 1944, showing that many of the child population have had the disease. When the percentage of susceptible children rises in the next few years we may expect a higher incidence.

Modern treatment has, however, made Scarlet Fever a much less dreaded disease than it was formerly, and the risk of complications has been greatly reduced. The present trend of medical opinion is that Scarlet Fever can, under suitable circumstances, be quite well nursed at home.

### **Diphtheria.**

The very low incidence is in part due to the epidemic of 1942 and 1943, but the major credit must be given to the effects of immunisation against the disease.

The position with regard to immunisation cannot be considered satisfactory until an even higher proportion of the children are protected.

### **Measles and Whooping Cough.**

The figures set out are compiled from the notifications received, and as notification of these two diseases is incomplete, and in many instances no doctor is called in, the figures are of little value.

Measles and Whooping Cough are two of the main causes of death in childhood, besides being very liable to leave complications. This was the reason for their inclusion as notifiable diseases at the beginning of the war, and it is hoped that more complete notification will help to overcome these diseases in the future.



## TUBERCULOSIS TABLE.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	—	—	—	1	—
1	—	—	—	1	—	—	—	—
5	—	—	—	—	—	—	1	—
15	5	3	—	2	2	—	—	—
25	—	—	—	—	—	1	—	—
35	—	1	—	—	—	—	—	—
45	—	—	—	—	—	—	—	—
55	—	2	1	—	—	1	1	—
65	2	—	—	—	1	—	—	—
TOTAL	7	6	2	3	3	2	3	—

This year shows a decline of five on the previous year of respiratory tuberculosis; of the thirteen cases, four had originated outside the Borough, and three were in H.M. Forces. Four out of the thirteen died during the same year.

Non-respiratory tuberculosis shows a decline of four on the previous year's figures. One of these five cases originated outside the Borough, and two of the five died during the same year.

### Hospital Accommodation for Infectious Diseases.

The Annual Reports of my predecessor for many years draw attention to the unsatisfactory arrangements for the hospital accommodation of cases of infectious disease.

At the end of 1946 I submitted to the Council a comprehensive report upon the site, condition, and equipment of Kendal Isolation Hospital, together with a summary of seventeen years' negotiations for improvement.

As these negotiations had been fruitless and as the scheme drawn up by Westmorland County Council under the Public Health Act, 1946, has not been, nor is likely to be, implemented within a reasonable time, Kendal Council has been requested to consider closing the Isolation Hospital and making alternative arrangements elsewhere.

Your Public Health Committee has examined possible alternatives to closure, but considered that the expenditure necessary to erect cubicles and install modern equipment would be unjustifiable in view of the state of the buildings, and the unsuitability of the site, and the uneconomical cost of running such a small hospital.

High tribute must be paid to Matron and the Nursing Staff for carrying on an extremely efficient standard of nursing and personal attention under conditions which are so difficult and often dangerous.

The hospital accommodation for Smallpox is even worse. The premises at Woodside have suffered considerable disrepair and any patients sent there would have to be nursed under active service field conditions. Steps are being taken by the Smallpox Joint Hospital Board to find alternative arrangements, as the growth of air travel coupled with the low vaccination state of the British population has made Smallpox once more a very real risk to the community.

The provision of hospital accommodation will become the responsibility of the new Regional Hospital Boards in 1948, and as far as infectious disease and Smallpox are concerned a completely fresh start will have to be made in this Area. In the meanwhile our limited resources will be used to the best advantage and every endeavour will be made to secure alternative arrangements with our neighbouring counties and county districts.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

### **Water Supplies.**

The water supply of the Borough has been satisfactory as regards quality and quantity.

Samples were examined each month for B.Coli and all have been reported satisfactory.

During the year three samples, from high district, low district and Mints Feet, were examined by the Public Analyst and all samples were reported to be quite fit for human consumption and for all domestic purposes.

There are 45 houses in the Borough which do not obtain their water from Corporation mains. Of these 13 obtain their supply from the Thirlmere pipe-line and the remainder from pumps and other private sources.

One complaint was received from a farm in the Borough alleging unsatisfactory water supply. This water, on analysis, was found to be unsatisfactory. The farm, however, is in an isolated part and the nearest main is at least half a mile distant. It was not possible to take any further action.

### **Housing.**

The number of inhabited houses in the Borough of Kendal is 5,253.

At the end of the year there were 39 houses still occupied which are subject to Demolition or Closing Orders as unfit for human habitation.

14 of these houses are occupied under Defence Regulations, 1939, whereby persons rendered homeless by enemy action could be housed by the Council as a temporary measure. All the occupiers now intend to remain permanently in Kendal and will ultimately have to be re-housed.

Eight further houses are occupied under Requisitioning Regulations which permit Councils to requisition premises for persons inadequately housed. These eight families will require to be ultimately rehoused.

During the present housing shortage this position must reluctantly be tolerated, and it is only a very small aspect of the total rehousing requirement. Meanwhile attempts can only be made to maintain these houses in a wind and weathertight condition.

During 1946 Demolition Orders were made against four houses privately owned and one house owned by the Corporation. Three of the four privately owned houses were subsequently sold to the Corporation at a nominal figure, and two additional houses which will soon require action were purchased at a low price. This procedure is recognised by the Housing Act, 1936, and is to be commended as it ensures that the houses will be maintained in reasonable repair as long as the need for their retention exists.

Inspection of the Borough reveals that there are many more houses which have fallen into serious disrepair and are incapable of remedy



at reasonable expense. The Central Area of the Borough contains so much dilapidated, congested and insanitary property behind the main streets, that extensive clearance areas will be the minimum requirement and many of these districts would be best treated as Redevelopment Areas.

No reliable data are available of the details of this small property, of the total defects, and of the present degree of overcrowding. A comprehensive survey on the lines of the Rural Housing Survey, which has been recently undertaken by the Rural District Councils, is required to make future planning free of guesswork. This survey could not be done without the temporary addition of extra staff, but it would be a small cost compared with the large expenditure contemplated for Housing Development, and undoubtedly would effect economy in planning those schemes.

Meanwhile the Council has proceeded with new building as fast as the National and Local circumstances have allowed. During 1946 the Council erected 40 temporary prefabricated bungalows at Rinkfield and Parkside. Twelve permanent houses were built by private enterprise and five additional dwellings were provided by conversions.

The Council commenced building the first 30 of their permanent houses and contracts were let for a further 30. There will also be eight houses built by private enterprise. The expansion of the building programme will be limited to the maximum figure allocated to this zone, and with the present restrictions it will be many years before sufficient houses can be built to alleviate the present overcrowding and make any serious progress in slum clearance.

### Milk.

156 samples were taken from retailers who deliver milk within the Borough.

The following are the details:—

(a) Good (samples complying with both tests) ...	64 or 41%
(b) Moderate (samples complying with one test only) ... ..	56 or 36%
(c) Unsatisfactory (samples complying with neither test) ... ..	36 or 23%

The number of unsatisfactory samples was 23 per cent. which was an improvement on the figure of 33 per cent. for 1945. Satisfactory

samples comprised 41 per cent. as compared with the 1945 figure of 36 per cent.

*Bacillus Coli Content:—*

67 samples free from Coli	...	...	or 43%
21 „ had Coli in 1 tube	...	...	„ 14%
13 „ „ 2 tubes	...	...	„ 8%
55 „ „ 3 „	...	...	„ 35%

*Methylene Blue Test:—*

96 samples complied with the test	...	or 62%
60 „ did not comply with the test	...	„ 38%

*Kendal Farms.*

Samples examined	...	...	42
Good	...	...	23
Moderate	...	...	13
Unsatisfactory	...	...	6

*Bacillus Coli Content.*

Samples examined	...	42
Free from Coli	...	19
In 1 tube	...	9
In 2 tubes	...	1
In 3 „	...	13

*Methylene Blue Test.*

Samples examined	...	42
Complied	...	31
Did not comply	...	11

*Rural Farms.*

Samples examined	...	...	114
Good	...	...	41
Moderate	...	...	43
Unsatisfactory	...	...	30

*Bacillus Coli Content.*

Samples examined	...	114
Free from Coli	...	48
In 1 tube	...	12
In 2 tubes	...	12
In 3 „	...	42

*Methylene Blue Test.*

Samples examined	...	114
Complied	...	65
Did not comply	...	49

55 per cent. of samples from Kendal farms were satisfactory as compared with 36 per cent. of satisfactory samples from the Rural farms.



Complaints were again received from the public regarding rapidly souring milks.

In accordance with the instructions of the Health Committee I prepared a report upon the distribution of milk within the Borough.

The following details form the salient features of the report:—

In the Borough there are 22 farms. 14 send their milk direct to a local factory. Of the remaining eight, six are producers only and two are producer-retailers.

The quantity of milk distributed daily (for household and catering purposes) was found to be 1,358 gallons.

This quantity came from 39 different farms and a further 19 premises were concerned in the distribution of same.

Of these 58 premises only 25 (eight farms and 17 dairies) are situated within the Borough. The remaining 33 are all outside the Borough and comprise 21 producers, 10 producer-retailers and two retailers.

#### *Types of Milk Sold.*

(i) Graded Milk produced and distributed in accordance with the regulations—316 gallons or 26 per cent. of total.

(ii) Graded Milk produced in accordance with regulations but not so distributed — 414 gallons or 30 per cent. of total. (N.B. it should not be assumed that this is contrary to law but it is disappointing to find that 414 gallons of graded milk are produced and then distributed by the method not envisaged, but as long as the milk is not sold as “ graded ” there is no breach of statute).

(iii) Ungraded Milk bottled prior to distribution (excluding (ii) above) 162 gallons or 11 per cent. of total.

(iv) Ungraded Milk sold loose—466 gallons or 33 per cent. of total.

#### *Supply of Milk Satisfactory or Otherwise.*

The position based on samples examined from January-November, 1946, was as follows:—

*Satisfactory*—39 per cent.—this included 26 per cent. Pasteurised and Tuberculin Tested and 13 per cent. ungraded milks.

*Indifferent*—26 per cent.—sampling has proved inconsistent results.

*Unsatisfactory*—13 per cent.—includes samples from three T.T. producers whose milk is sold mainly loose.

*Not Samples by Department*—22 per cent.—includes one T.T. and two Accredited producers. By the courtesy of the Licensing Authority details of samples taken at the farms have been checked and found to be satisfactory. This percentage also includes transfers of milk rounds and changes of producers to various retailers.

The following figures are of interest:—

- (a) Milk produced and distributed from premises within the Borough. 263 gallons or 19 per cent.
- (b) Milk produced outside but distributed from premises within the Borough. 294 gallons or 21 per cent.
- (c) Milk produced and distributed from premises outside the Borough. 801 gallons or 60 per cent.

The three undermentioned facts are worthy of comment:—

- (a) Only 19 per cent. of total amount of milk distributed is produced in the Borough.
- (b) Only 26 per cent. of the total amount of milk distributed is liable to conform to a legal bacteriological standard.
- (c) 33 per cent. of the total amount of milk distributed is sold loose.

The Council, as a result of this report, decided to write to the Ministry of Health urging that the Food and Drugs (Milk and Dairies) Act, 1944, be put into operation without delay. This Act, which is on the Statute Book, comes into operation on a date to be determined by the Minister of Health. The important provision in this Act is that it gives power to local authorities to refuse or cancel registration of both wholesale and retail dairymen if the public health is likely to be endangered. As previously pointed out in these reports; the existing legislation only provides for the removal or cancellation of retail purveyors of milk.

### **Meat.**

A grand total of 20,050 carcasses have been inspected comprising 3,822 Beasts, 12,074 Sheep, 4,083 Calves and 71 Pigs.

## CARCASSES INSPECTED AND CONDEMNED.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed .. ..	2060	1762	4083	12074	71
Number inspected ..	2060	1762	4083	12074	71
All Diseases except Tuberculosis. Whole carcasses condemned	24	126	94	100	1
Carcases of which some part or organ was con- demned .. ..	175 (1)	289 (1)	7	87	10
Percentage of the number inspected affected with disease other than Tuberculosis .. ..	9.65	23.56	2.47	1.5 (2)	15.5
Tuberculosis only. Whole carcasses condemned	27	108	14	—	3
Carcases of which some part or organ was con- demned .. ..	255	510	1	—	4
Percentage of the number inspected affected with Tuberculosis .. ..	13.7	35	.37	—	9.8

NOTES. (1) Condemnations for livers and part livers affected with distomatosis, angioma, etc., are not included, no distinguishing of sexes being kept.

(2) Not included in these figures are 3,062 livers affected with distomatosis or other parasitic infections.

## Casualty Animals.

The Ministry of Agriculture have again co-operated, wherever possible, by sending animals for slaughter under the Tuberculosis Order on days when little or no slaughter was taking place. Farmers and dealers still send animals for slaughter which obviously have no food value attached thereto.



**Other Foodstuffs.***Condemned in Shops and Warehouses.*

Fish Cakes	...	185		Sugar	...	15	lbs.
Biscuits	...	14	lbs.	Cake	...	15	„
Tea	...	4	„	Cocoanut Cake Flour	...	24	„
Meat	...	100	„	Bread	...	52	„
Bacon	...	126	„	Nut Cubes	...	4½	„
Ham	...	120	„	Sausage Meal	...	1	bag
Oats	...	74	„	Tomatoes	...	24	lbs.
Flour	...	74	„	Spicing	...	79	„
Semolina	...	24	„	Soup Powder	...	24	„
Dried Carrots	...	2	„	Gravy „	...	192	pkts.
Food Beverage	...	¾	„	Stuffing	...	10	lbs.
Beans	...	39	„	Cheese	...	10¾	„
Butter	...	9	ozs.	Crumpets	...	514	
Margarine	...	10	„	Potato Cakes	...	610	
Lard	...	3	„	Bread Fingers	...	26	
Oatmeal	...	154	lbs.	Custards	...	2	
Cereal	166	doz.	pkts.	Tea Cakes	...	117	
Raisins	...	51	lbs.	Malt Loaves	...	35	
Yeast	...	37	„	Chocolate	...	8	bars
Fish	...	136	„	Sultanas	...	6	boxes
Dates	...	170	„	Buns	...	36	
				Sponge Mixture	...	28	

*Tins or Jars.*

Meat	...	662	Jam	...	3
Fish	...	274	Sauce	...	121
Vegetables	...	862	Oatmeal	...	1
Soups	...	65	Fruit	...	55
Milk	...	457	Table Desserts	...	211
Pastes	...	12	Dried Eggs	...	1
Puddings	...	6	Preserves	...	9
Pickles	...	23			

*Ice-Cream.*

During the year 12 samples were examined, six were satisfactory and six unsatisfactory.

The samples were taken from five different manufacturers, and of six samples taken initially three were unsatisfactory.

Repeat samples were taken and the results were still unsatisfactory.

Investigations were carried out at each premises and showed that two manufacturers were careless in their methods whilst the remaining one was inadvertently carrying out certain cleansing of vessels in a room likely to cause contamination.

Written cautions were given to the two makers who were careless and advice to the remaining maker, then further samples were taken. This resulted in all three samples being reported satisfactory. Certain Draft Regulations were issued during the year but there appears to be no doubt that even more stringent legislation is needed.

### ADULTERATION, ETC. & CHEMICAL & BACTERIOLOGICAL EXAMINATION OF FOOD.

The analysis of foodstuffs was carried out (until 31st July, 1946) by Professor W. H. Roberts, M.Sc., F.R.C.I., City Analyst of Liverpool. On that date Professor Roberts retired after many years devoted and loyal service, and I regret to say that he has since died.

The County Council, who delegate to the Borough the functions of procuring samples for analysis, decided that it would be desirable for the same Analyst to act for the Borough as for the remainder of the County, and consequently, as from 1st August, 1946, all samples have been submitted to C. J. H. Stock, Esq., F.R.I.C., County Analyst, Darlington.

Samples of food were taken for analysis detailed as follows:—

Article	No. of Samples	Result	Remarks
Milk	46	Genuine.	
„ ..	1	3.90% Fat. 7.41% other solids	12.80% Added Water. Legal Proceedings. Fined £5 + £3/ 3/- Costs.
„ ..	1	3.30% Fat. 7.45% other solids	12.40% Added Water. Legal Proceedings. Fined £5 + £3/ 3/- Costs.
„ ..	4	Genuine.	“Appeal to Cow” samples in connection with above.



Article	No of Samples	Result	Remarks
Milk ..	1	2.50% Fat. 9.20% other solids	16% deficient in Milk Fat. Legal Proceedings. Vendor fined £1.
" ..	1	2.10% Fat 8.75% other solids	30% deficient in Milk Fat. Legal Proceedings. Vendor fined £1.
" ..	6	Genuine	"Appeal to Cow" samples in connection with above.
" ..	1	3.45% Fat 8.19% other solids	3% Added Water. Legal Proceedings. Case dismissed.
" ..	3	Deficient in Milk Fat	Includes 2 "Appeal to Cow" samples which confirmed original deficiency. Cow-keeper advised to improve his herd. No further action.
" ..	1	2.75% Fat 8.81% other solids	8% deficient in Milk Fat. Vendor cautioned.
" ..	2	Deficient in Milk Fat.	"Appeal to Cow" samples in connection with above.
" ..	2	Genuine	
" ..	1	1.90% Fat 8.65% other solids	36.70% Deficient in Milk Fat. Vendor cautioned.
" ..	1	0.60% Fat. 8.89% other solids	Informal sample following complaint by householder. 80% deficient in Milk Fat.
" ..	1	Milk of abnormal composition.	Samples taken in connection with above. No further action.
	1	Deficient in Milk Fat	
	5	Genuine.	

In the milks the highest fat content was 4.80 per cent. and the highest non-fatty solids content was 9.20 per cent. The average percentage of milk fats and non-fatty solids in all milks (genuine and non-genuine) was 3.44 per cent. and 8.75 per cent. respectively.

All 78 samples of milk were examined for the presence of preservative and all were found to be free from same.

In addition to the above milk analyses samples were taken of 25 other foodstuffs and on examination were found to be genuine.

### **Public Cleansing.**

Refuse Disposal is carried out by means of "controlled tipping." The type of labour which is now available appears to be improving.

The land at Castle Grove is now almost used up, and it was estimated at the year end that at the very outside tipping cannot last more than 18 months.

The Parks Committee decided that tipping should extend a little into Castle Hill in order to give uniform levels.

A considerable portion of the tip is now levelled and soiled over. Covering material has not been too plentiful and has had, on occasions, to be purchased, but such a policy is a wise one, for without an adequate amount of covering, tipping ceases to be "controlled."

One or two complaints were received concerning crickets, and assistance was given to the complainants by way of DDT insecticide.

Removal is now done entirely by motor vehicles. The S. & D. Freighter is now nine years old and will be replaced when a new vehicle can be obtained.

### **Drainage Sewerage and Closet Accommodation.**

There has been extension to the public sewers at the temporary housing sites at Parkside Road and Rinkfield.

The sewage disposal works have been maintained in an efficient manner and the effluent continues to be satisfactory.

About 150 houses outside the sewerage area discharge their drainage into cesspools.

The following is an estimate of the closet accommodation in the Borough:—

Washdown and washout closets	...	...	5916
Trough closets	...	...	60
Privies	...	...	17
Pail closets	...	...	4
			—
			5997
			—

### **Tents, Vans and Sheds.**

One caravan was placed on a site without being licensed and proper sanitary arrangements.

This was removed and the site cleansed.

### **Sanitary Inspection.**

The Department received numerous complaints alleging defects and nuisances. These received attention, and where the nuisances were outside the province of the Department advice was given as to the rights the complainants possessed.

In all 152 preliminary notices were served.

It was only necessary to issue 12 statutory notices, and in no case was it necessary to go before the Justices for Abatement Orders.

### **Offensive Trades.**

The following are the offensive trades established in the Borough:—

Fellmongers	...	...	...	...	...	1
Carcase Boilers	...	...	...	...	...	2
Tallow Melters	...	...	...	...	...	1
Tripe Boilers	...	...	...	...	...	1
Gut Scrapers	...	...	...	...	...	1
Rag and Bone Dealers	...	...	...	...	...	2
						—
						8
						—

### **Disinfection and Disinfestation.**

An efficient steam disinfector is in operation at the Isolation Hospital. In addition to supplying the needs of the Borough it has been used by other local authorities.

Six cases of bug infestation were discovered during the year in Corporation houses (five in new houses).

In two of these houses it was possible to get temporary possession and both were disinfected by cyanide gas. The operation was carried out by a firm of contractors and was a complete success. The remaining four were treated with DDT insecticide.

### **Rent Restrictions Act.**

The Department has received numerous enquiries regarding increases in rent. The important point at issue is whether the increases are in order from a legal point of view.

14 complaints were received and investigated. In four cases no action could be taken, but in the remaining 10 reductions were obtained and the tenants received back pay regarding previous overpayments. The question of recovery of overpayment is one which the tenant alone can effect.

Rent books invariably do not contain the information required by the Housing and Rent Acts. It is usual for landlords, on receiving intimation from the Department, to insert the necessary information.

On one occasion, however, the landlord omitted to comply with these requirements and legal proceedings were instituted.

The Bench imposed penalties of 10/- in each case for the following offences:—

- (a) Failure to insert the amount of standard rent.
- (b) Failure to insert the name and address of the Medical Officer of Health.
- (c) Failure to insert the details regarding the overcrowding provisions of the Housing Act, 1936.

Important legislation called the Furnished Houses (Rent Control) Act, 1946, is now operative regarding the rents charged for houses or parts of houses let furnished. Tribunals have been set up and Kendal is in the area covered.

### **New Legislation.**

During the year the following Acts or Regulations became operative:—

- The Furnished Houses (Rent Control) Act, 1946.
- Ice-Cream (Heat Treatment) Regulations, 1946.









